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JEVE DCOMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

MAINE ETHICS COMMISSION

Website: www.maine.gov/ethics Phone: 207-287-4179

Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name Share Ander Treat		Office:
Mailing address		House
Sharon Anglin Trea Mailing address 22 Page St.		District 749
City, zip code Hallowell ME	04347	Phone 623-7161
PART 1 INCOME	E DERIVED FROM EMPLOYMENT BY ANG	THER OF THE RESIDENCE O
HELENCHES REPUBLICATION SEED SELECTION OF SE	apire saja shirik ku da isandhirish su sa sa kuluming da je saji da sa isi	de punto acultar a l'appendance es un matière e de
List the name and address of each employer from economic activity of each employer.	n whom you received compensation of \$1,000 or	r more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
National Legislative Association on Prescription Drug Prices	fo Box 492 Hallowell, UE 04347	public policy nonprofit
		The state of the s
PART 2 INC	OME DERIVED FROM SELF-EMPLOYMEN	
	Legislators who are self-employed.)	
A. List the name and address of your business, if associated with a partnership, firm, professional a entity.	any, and list the major areas of economic activit ssociation, or similar business entity, list the maj	y from which you derived income. If or areas of economic activity of that
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name:		2
Address: Tone -		
Name:		
Address:	MARKAMANIKA	And the second s
· restauranting	F	

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)				
B. List each source of income derived from self-employment that represents me greater, and specify the principal type of economic activity of the entity or per disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	rson from whom you d	lerived such income. If this form of		
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income		
Name:				
Address:	k kilada kilada da sana sa kalada ka sa sa ka sa k			
Name:		deres de la constanta de la co		
Address:	VACUUS CONTRACT MATERIAL MATERIA			
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)				
List your major areas of practice. If associated with a law firm, list the major area	An extraorest transferring in Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-	داء تكتبت الماستان واستبيرة فسارتك والبيارة الماسين والمنافق والمنافق والمنافق المنافق		
Name and Address of Firm	Major Areas of Pra (self)	(firm)		
Name: National Legislatine Assoc. on Phesoryton Address: POBOX 492, Hallowell ME 04847	healh la	ew- healthlaw		
Address: Po BX492, Hallowell ME04847	anices	er healthlaw briefs only no		
Name:		44-		
Address:		Para Para Para Para Para Para Para Para		
PART 4. OTHER SOURCES (
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this	form. Do not include g	Itts. It none, cneck the dox.		
None		Kind of Income		
Name and Address of Source		20 Fe		
		(investments, leases, etc.)		
Name:	अभावकानीयो स्वरंभकारण संस्थाकि स्थानकारण संस्थाकि स्थानकारण स्थानकारण स्थानकारण स्थानकारण स्थानकारण स्थानकारण	(investments, leases, etc.)		
Name: Address:		(investments, leases, etc.)		
		(investments, leases, etc.)		
Address:		(investments, leases, etc.)		
Address: Name:		(investments, leases, etc.)		
Address: Name: Address: PART 5. REPORTABLE LIA				
Address: Name: Address:	ou received during the	reporting period, and list the major		
Address: Name: Address: PART 5. REPORTABLE LIA List the names of creditors for any unsecured loans of \$3,000 or more that you	ou received during the	reporting period, and list the major ne, check the box.		
Address: PART 5. REPORTABLE LIA List the names of creditors for any unsecured loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loan None Name and Address of Creditor.	ou received during the	reporting period, and list the major		
Address: PART 5. REPORTABLE LIA List the names of creditors for any unsecured loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loan None Name and Address of Creditor.	ou received during the as from a relative. If no	reporting period, and list the majorne, check the box. Principal Type of Economic		
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Address: PART 5. REPORTABLE LIA List the names of creditors for any unsecured loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loan None Name and Address of Creditor Name:	ou received during the as from a relative. If no	reporting period, and list the major ne, check the box. Principal Type of Economic		

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List the specific source of each gift of more than \$300. Inclunone, check the box.	ude gifts with an aggregate	value of more than \$300 from a single source. If		
None	ок и страничного подотобля бага у поход судину, на отношение от отденняющей посторый судиным бага от отношение			
Name of Source of Gift		Name of Source of Gift		
1. Althoral Caucher Environmental Legislate Travel Scholorship for conference	3. Womens	legislaturs Lobby - travel to attend/speak at conference		
1. National Caucher Environmental Legislate travel Scholorship for conference 2. Progressine States Wetwork - tra scholarship to accept award	Luel 4.	verselver en de de de menerale menerale de constituir faire en menerale de la composition de la composition de		
PART 7. REPORTABLE HONORARIA				
List the source of any honoraria accepted for appearances or	speeches related to your leg	gislative responsibilities. If none, check the box.		
None	ing mailiped fra e set the fellowing jumpman question neither throughout work was to respect on enterthe history in citize			
Name of Source of Honoraria	not in the residency of the state of the sta	Name of Source of Honoraria		
1.	3.			
2.	4.			
PART 8. REPRESENT	ATION BEFORE STATE	AGENCIES		
List each executive branch agency before which you represe	ented or assisted others for	compensation of any amount. If none, check the		
box.				
Name of Agency		Name of Agency		
1.	3.			
2.	4.			
PART 9. BUSIN	ESS WITH STATE AGE	NCIES		
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	er of your immediate family	sold goods or services with a value in excess of		
None	and the section of the extreme towards which we show as some medical terms as a Liberbian Leading to the medical feet for the section as the section and the feet for the section as the section and the section as the			
Name of Agency	ulle op er en primeite for trædik (f. de for er er trædik for er kilder er klæmende bylde bygget fra klima kindib er	Name of Agency		
1.	3.			
	terminister en held 2 e fet 1900 have have tradeled to be travel by from their 200 have 200 have been debated and embers			
2.	- 4.			
PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY				
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner or dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received \$1,000 or more of income, their name and job title are listed. Do not include gifts.				
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship Kind of Income		
Name: Robert Collins	1. retail sales	1. employment		
Job Title: Wave house / Wholesaler	1. retail sales 2. green house 3.	Spouse or 1. employment Domestic 2. employment Partner 3.		
ine worker	V - NA sciencia de distribuir nel distribuir consistence comunicativa de la branda introduciona de distribuir de d	Dependent		
If dependent child(ren) receive more than \$1,000 of income		Child		
for the reporting period, list only the type of economic activity and the kind of income.	·	Dependent Child		
		Dependent Child		

PART 11. OFFICER OR DIRECTOR POSITIONS List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member. None Organization/Business Position Held Family Member's Compen-Title and Address Name By: sated? Board of Trusters, Hubbard NO Board Free Library, Second St. Se IF member Hellowell, ME 04347 Manie Equal Tastice Partners, Board Sewall St. Augusta, ME No 04390 National Caucus of Cahor Logis lators, wash greater DC. selF NO Board National Conference of State Legislatures, Penver Co Trelt Family Trust, Putney VT NO self NO.

LAND TRUST

SIGNATURE

A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)

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ADDITIONAL INFORMATION

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing.

Number

Part/Section

Part 11: Treat Family Trust - lond trust for property, other family trust newsbers: Mary Lous, Treat, Roger Treat, Jessica Treat, Carolyn treat, Rory Treat. No compensation. Conservation easement / trust.